ADA
PARATRANSIT ELIGIBILITY
APPLICATION

The information in this application will be used by DATA for the provision of transportation services. Information will be available to other transit providers as necessary for appropriate transportation services. The information will not be provided to any other person or agency.

NOTE: All pages of the application are to be completed and returned to DATA. <u>Incomplete applications will not be processed, and will be returned to the applicant.</u>

PLEASE RETURN THIS APPLICATION TO:

Durham Area Transit Authority
ACCESS Applications
224 North Hoover Road
Durham, NC 27703

This application will be reviewed within 21 days after it is received by DATA to determine the applicant's eligibility for service. If a decision is not made within 21 days of receiving a completed application, the applicant shall be treated as eligible and shall be provided service until and unless DATA denies the application. Applicants who are denied eligibility have the right to appeal that decision. Please contact DATA at 919.957.7336 x 25 with questions regarding the application, or the appeals process.

THIS PORTION OF THE APPLICATION SHOULD BE COMPLETED BY THE APPLICANT (OR SOMEONE AUTHORIZED BY THE APPLICANT).

PLEASE PRINT

- NAME: _____
- STREET ADDRESS: _____
- CITY: _____ STATE: **NC** ZIP: _____
- HOME PHONE: _____WORK PHONE: _____
- DATE OF BIRTH: _____ WEIGHT: _____

- WHAT IS YOUR DISABILITY, AND HOW DOES IT PREVENT YOU FROM USING DATA'S CITY BUS ROUTES?_____

  _____

- DO YOU USE ANY OF THE FOLLOWING MOBILITY AIDS? (CHECK ALL THAT APPLY):

  ☐ MANUAL WHEELCHAIR
  ☐ WALKER
  ☐ CANE
  ☐ GUIDE DOG
  ☐ ELECTRIC WHEELCHAIR
  ☐ POWER SCOOTER
  ☐ OTHER (SPECIFY) _____

- IF YOU USE A WHEELCHAIR OR SCOOTER, IS THERE A RAMP AT YOUR HOME? ☐ YES ☐ NO IF NO, HOW MANY STEPS ARE THERE? _____

- WOULD YOU BE INTERESTED IN RECEIVING TRAINING TO USE DATA'S REGULAR TRANSIT BUSES? ☐ YES ☐ NO

- DO YOU NEED SOMEONE TO ACCOMPANY YOU WHEN YOU TRAVEL OUTSIDE THE HOME, FOR EXAMPLE, AN ATTENDANT FOR GUIDANCE, COMMUNICATION OR GENERAL CARE?
  ☐ YES ☐ NO ☐ SOMETIMES WHEN? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: (GIVE 2 CONTACTS IF POSSIBLE)

NAME:	PHONE:	**2ND NAME:**	**2ND PHONE:**

APPLICANT'S SIGNATURE:_____ DATE: _____

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY A REGISTERED HEALTH CARE PROFESSIONAL ONLY. *(Refer to list on last page of this application for examples of professionals that data considers "qualified" to complete this application.)*

Dear Health Care Professional:

You are being asked by the applicant to provide information regarding his/her ability to use DATA transit services. Federal law required that DATA provide paratransit service to persons who cannot use fixed-route transit services. The information you provide will allow us to evaluate this request and its application to specific trip requests.

Funding resources for this program are limited, so your evaluation of each person must be based solely upon that individual's ability to use regular transit. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. Please exercise care in evaluating applicants for this program. If we provide special services to persons who have the ability to use the regular DATA bus services, some disabled persons who truly need help may have to go without. Thank you for your cooperation in this matter.

All **DATA City buses are accessible to wheelchairs and other mobility aids.** To qualify for DATA-ACCESS, a person must be unable to use DATA City bus service due to a physical *(including visual)* or mental impairment related condition.

Individuals may qualify if:

1. As a result of their disability, they are unable to board, ride, or disembark from a lift-equipped transit vehicle without the assistance of another person *(excluding the operator of a wheelchair lift or other boarding assistance device)* and/or they have a specific impairment-related condition which prevents them from learning to navigate the transit system.

2. They are able to board, ride, and disembark from a lift-equipped transit vehicle, but the fixed-route on which they want to travel is not 100 percent accessible, for example, the vehicle's lift or boarding device cannot be deployed at the stop which they want to use.

3. They have a specific impairment-related condition, which prevents them from getting to or from a bus stop or transit station. **Please note that this includes only those who <u>cannot</u> get to and from a bus stop or transit station, not persons who find it uncomfortable or difficult to get to and from bus stop locations.**

Does the applicant meet one or more of the categories noted above? ☐ **Yes** ☐ **No**
If yes, indicate which category by number (include all that apply). _____

Health Care Professional's Initials _____

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A. Indicate (□) nature of applicant's disability (check as many as may apply).

1. ☐ Non-Ambulatory (uses wheelchair for mobility)
2. ☐ Impaired or Assisted Ambulation requiring an Aid, please specify_____
3. ☐ Arthritis: please specify extremity(ies) _____
4. ☐ Amputation: Please specify extremity(ies) _____
5. ☐ Cerebrovascular Accident
6. ☐ Pulmonary Illness: Does applicant use a portable oxygen tank? ☐ Yes ☐ No
7. ☐ Neurological Illness
8. ☐ Cardiac Illness
9. ☐ Kidney Disease: Dialysis? ☐
10. ☐ Sight Disabilities: ☐ Totally Blind ☐ Legally Blind ☐ Visually Impaired
11. ☐ Incoordination
12. ☐ Mental Retardation: ☐ Moderate ☐ Severe ☐ Profound
13. ☐ Cerebral Palsy
14. ☐ Autism
15. ☐ Severe Muscle Spasms
16. ☐ Seizures
17. ☐ Mental Illness: Please specify what it is about this cognitive disability that makes this individual unable to use regular public transit buses.

_____
_____
_____
_____

18. ☐ Other: _____
_____
_____
_____

B. The disability is ☐ permanent ☐ temporary.
If temporary, expected duration is _____ (specify date).

C. In your opinion, should this individual bring a competent attendant on trips outside of the home?
☐ Yes ☐ No

D. If the applicant is visually impaired, developmentally disabled, neurologically impaired or mentally retarded, has the applicant received training to use the fixed-route buses?
☐ Yes ☐ No ☐ I do not know.
If no, do you think the applicant is capable of being trained to use fixed-route buses? ☐ Yes ☐ No

E. How far is the applicant able to walk (or to ambulate using a mobility aid such as a wheelchair) without stopping to rest for a sustained period, and without assistance from another person?
☐ Applicant has no useful independent mobility
☐ About 200 feet (or about 40 average paces)
☐ About two city blocks (or about 160 average paces) *(Continued next page)*

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☐ About four city blocks (or about 320 average paces)
☐ Up to ¾ mile (about 800 average paces)
Can the applicant wait outside without support for 10 minutes? ☐ Yes ☐ No
☐ Sometimes (explain) _____

F. If the applicant has a mental impairment or cognitive disability, can he/she:

Give addresses and telephone numbers upon request?	☐ Yes	☐ No
Recognize a destination or landmark?	☐ Yes	☐ No
Deal with unexpected situations or changes in routine?	☐ Yes	☐ No
Ask for, understand and follow directions?	☐ Yes	☐ No
Safely and effectively travel through crowed facilities?	☐ Yes	☐ No

G. Please provide any additional information that may help DATA to determine applicant's eligibility.

_____
_____
_____
_____
_____
_____
_____
_____

To the best of my knowledge, the previous information is correct, based on my examination of the applicant and/or my review of official files.

Name and Title _____

Office Address _____

City, State, Zip _____

Office Phone _____

Signature _____

Professional License # _____ Issued by _____

Your professional area of specialization is: (check one)

☐ Physician ☐ Psychologist ☐ RN/LPN ☐ Other (specify =) _____
☐ Physical Therapist ☐ Rehab. Specialist ☐ Clinical Social Worker

THANK YOU FOR YOUR ASSISTANCE